					for the taxable year J		VIDUAL INCOME TAX RETURN anuary 1, 2004 through December 31, 2004 or other taxable year: , 2004 through				2004	_	
		raska rtment					instructions completing	PLEASE DO	O NOT WRITE	IN THIS S	PACE		
					_		is form						
į	Ĭ (First Name(s) and	Initial(s)		Last Nam	ne)					
	Please lype or Print	Current Home Ad	dress (Number ar	nd Street or Rural Ro	ute and Box Nu	umber)							
F	l ease												
ā	Flease	City, Town, or Pos	t Office	State		- 4	Zip Code	1					
_	_							<i>)</i>					
		IMPORTANT: SSN(S) MUST BE ENTERED BELOW. Your Social Security Number Spouse's Social Security No.						District Code		nust be ente		J	
-											gh school c eginning on		
	(1)	Farmer/Rancher	(2) A	ctive Military	(1) Dece	eased (first r	name & date of de	eath):					
-	1	Federal Filing S							(4)				
HERE		(1) Single(2) Married, f	(3) iling joint	and Full Name	g separate -	- Spouse's	S. S. No.:			ead of Ho /idow(er) w		dent child	dren
FOLD • HERE	2a	Check if YOU w	ere: (1)	_	` , _	Blind	2b Check he		`	· <u>-</u>	nt) can cl	aim you	or
ŭ.	3	SPOUSE was: Type of Return	(3)	65 or older	(4) 🔲 B	Blind	your spo	use as a de	pendent.	(5)			
		(1) Resident	(2)	Partial-year				,2004 to	-	, 2004	4 (attach	Schedul	e III)
-			(3)	Nonresident	(attach Sci	nedule 11	11)						
٦	4	Federal exemp		-		-							
		If you entered -0- tax on: Federal TeleFile Tax Record, line K; Federal Form 1040EZ, line 10; Federal Form 104 or Federal Form 1040, lines 43, 44, and 59, see Special Instructions on page 6. Check box									28;		
l	5	Federal adjuste		I-year residents				-					
Here		Federal Form 1	040A, line 21	; Federal Form	1040, line 3	36)		<u></u>					
of W-2 Here	6	Nebraska stand		. •	•								
3		see instructions; otherwise, enter \$8,140 if married-joint or qualified widow[er]; \$4,850 if single; \$7,150 if head of household; or \$4,070 if married-separate) 6											
ate Co	7	Total itamizad d	aduations (E	adoral Form 10	10 line 20	ann inati	ructions)	7					
ch Sta		7 Total itemized deductions (Federal Form 1040, line 39–8 State and local income taxes (Federal Form 1040, line)											
Atta		If you deducted line 5a, state income tax, on Fed. Sch.											
Please Attach State		line 8; if you deducted line 5b, sales tax, on Fed. Sch. A					on line 8	8					
<u>.</u>	9	9 Nebraska itemized deductions (line 7 minus line 8)											
	10	Enter the amount from line 6 or line 9, whichever is greater (see instructions)											
	44	Nahaaka inaan	b-f-uli:	vetro ente (line F	· maine van line a	10)				44			
-		Nebraska incon Adjustments inc							11				
ere	40	Schedule I)					12						
rder F	13	Adjustments decreasing federal AGI (line 53, from attached Nebraska Schedule I)											
ey O		If the amount on line 13 is ONLY for a state income tax refund deduction, check this box: (see instr.)								·.)			
r Mor	14	·	ine 12 is zero (-0-), and you check this box, do not complete Nebraska Schedule I.) tax table income (enter line 11 plus line 12 minus line 13). If less than -0-, enter -0							14			
Attach Check or Money Order Here							•						
ich Ch	15	Nebraska incon	ne tax (reside	nts use Nebr. Ta	ax Table; ot	ners use	Nebr. Sch. III	15					
e Atta		Nebraska minin											
Please		Total Nebraska line. Pay the am	-	-	-		•						
-													

Nam	e as Shown on Page One of Form 1040N	Social S	Security Number			
18	Amount from line 17 (Total Nebraska tax)			18		_
	Nebraska personal exemption credit for residents only (\$101 claimed on line 4). If line 5 is more than \$119,000 – married/joint, \$\$99,000 – head of household, \$59,500 – married-separate – see of instructions. Nonresidents and partial-year residents – enter -0	per exemption 672,000 – single, e page 11 D-, and				
20	complete line 65, Nebraska Schedule III			-		
04	other state's return). Check this box if reporting AMT credit					
21	Credit for the elderly or disabled (attach copy of Federal Schedul Schedule 3 — see instructions)					
	CDAA credit (see instructions)					
	Form 3800N credit (attach Form 3800N)	-				
	Nebraska dependent/child care credit, if line 5 is more than \$29, (see page 8 of instructions)					
26	Total nonrefundable credits (add lines 19 through 25)			26		
	Subtract line 26 from line 18 (if line 26 is more than line 18, ente federal tax liability and line 12 is less than \$5,000, see instruction attach federal return copy	r -0-). If result is more t ns. If entering federal to	than your	27		
28	Nebraska income tax withheld (attach 2004 Forms W-2, W-2G,	1099-R,				
29	1099-MISC, or 14N)			-		
	any payments submitted with an extension request)	29				
	Form 4136N credit (attach Form 4136N)			-		
	(see page 9 of instr. and attach copy of Fed. Form 1040A, Sch. 2; or	Fed. Form 2441) 31				
32	Beginning Farmer credit (attach certificate) ; LB 608 credit applicable box					
33	Total of lines 28, 29, 30, 31, and 32			33		
	AMOUNT YOU OWE (subtract line 33 from line 27 and pay in full	with return). If over \$3	300 and	33		
	Form 2210N is attached, check here: . Include penalty in line	34 and show here: 99	\$	34		
35	If line 33 is more than line 27, subtract line 27 from line 33. This is	s the amount you OVE	ERPAID	35		
36	Amount of line 35 you want APPLIED TO YOUR 2005 ESTIMATE	ED TAX 36		-		
	Nongame and Endangered Species Fund DONATION of \$1.00 of Nebraska campaign finance CONTRIBUTION of \$1.00 or more	or more		_		
30	Nebraska campaign illiance CONTRIBUTION of \$1.00 of more	Ø		-		
	Nebraska State Fair Foundation CONTRIBUTION of \$1.00 or mo	ore 39	three menths for			
40	Amount of line 35 you want REFUNDED to you (line 35 minus lines 36 your refund, but if you file electronically and use Direct Deposit, y	·				
	For credit card payment check here and see page 5 of ins			40		
	• Have it sent directly to your bank a	a Refund? ccount! (see instructions	s on page 10)			
41	a Routing Number	41b Type of Accou	nt Checki	ng	Savings	
	(Enter 9 digits, first two digits must be 01 through 12, or 21 through 32; use an actual check or savings account number, not a deposit slip)				Direct	
410	Account Number			IJ	 Deposit 	
	(Can be up to 17 characters. Omit hyphens, spaces, and special symbols. En Under penalties of perjury, I declare that, as taxpayer or preparer, I have exar		· · · · · · · · · · · · · · · · · · ·		orrect and complete	
-	ign	Sa and lotter and to the be	J,omloage and b		sot and complete.	
h	Your Signature Date	Signature of P	Preparer if Other Than Taxp		Date	
this re	a copy of turn for ecords. ()	——————————————————————————————————————	. eparor ii Otilor Illaii Iaxp		()	
,	Spouse's Signature (if filing jointly, both must sign) Daytime Phone	Address			Daytime Phone	